

# CREDIT APPLICATION TO \_\_\_\_\_

All items on this Credit Application must be filled out completely and printed legibly.  
Failure to provide all requested information may result in delay or denial of credit approval.

## APPLICANT

|                   |            |             |                      |                      |  |                                   |
|-------------------|------------|-------------|----------------------|----------------------|--|-----------------------------------|
| LAST NAME         | FIRST NAME | MIDDLE NAME | BIRTHDATE<br>/ /     | AGE                  | SOCIAL SECURITY NUMBER   |                                   |
| HOME ADDRESS      |            |             | APT.                 | HOW LONG?<br>YRS MOS | DRIVERS LICENSE NO.  | STATE                             |
| CITY              | STATE      | ZIP         | HOME PHONE<br>( )    |                      | WORK PHONE<br>( )  |                                   |
| PREVIOUS ADDRESS  |            |             | APT.                 | HOW LONG?<br>YRS MOS | U.S. CITIZEN<br><input type="checkbox"/> YES <input type="checkbox"/> NO | PLACE OF BIRTH                    |
| CITY              | STATE      | ZIP         | DEPENDENTS           |                      | SINGLE <input type="checkbox"/>  | DIVORCED <input type="checkbox"/> |
| EMPLOYER          |            |             | HOW LONG?<br>YRS MOS |                      | OCCUPATION/POSITION  |                                   |
| ADDRESS           |            |             | CITY                 |                      | STATE  | ZIP                               |
| PREVIOUS EMPLOYER |            |             | HOW LONG?<br>YRS MOS |                      | OCCUPATION/POSITION  |                                   |
| ADDRESS           |            |             | CITY                 |                      | STATE  | ZIP                               |

## SPOUSE

|           |            |             |                   |                      |                        |  |
|-----------|------------|-------------|-------------------|----------------------|------------------------|--|
| LAST NAME | FIRST NAME | MIDDLE NAME | BIRTHDATE<br>/ /  | AGE                  | SOCIAL SECURITY NUMBER |  |
| EMPLOYER  |            |             | WORK PHONE<br>( ) | HOW LONG?<br>YRS MOS | OCCUPATION/POSITION    |  |

## INCOME

|   |          |   |
|---|----------|---|
| Applicant's monthly take home pay from employer | \$ _____ | Is any of this income likely to be reduced or interrupted before the loan is paid off?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, please explain: _____ |
| Spouse's monthly take home pay from employer    | \$ _____ |   |
| Other Income (Source: _____) Monthly            | \$ _____ |   |
| <b>Total Net Monthly Income</b>                 | \$ _____ |   |

## FINANCIAL INFORMATION

|   |   |   |                     |
|---|---|---|---------------------|
| BANK  | BRANCH/ADDRESS  | <input type="checkbox"/> CHECKING<br><input type="checkbox"/> SAVINGS | ACCOUNT NUMBER      |
| SAVINGS AND LOAN  | BRANCH/ADDRESS  | <input type="checkbox"/> CHECKING<br><input type="checkbox"/> SAVINGS | ACCOUNT NUMBER      |
| <b>CURRENT RESIDENCE</b><br><input type="checkbox"/> HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> APT.<br><input type="checkbox"/> BUYING <input type="checkbox"/> RENTING<br><input type="checkbox"/> OWN CLEAR <input type="checkbox"/> RENT FREE<br><input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> OTHER | LANDLORD OR MORTGAGE HOLDER   | MONTHLY PMT/RENT<br>\$  | BALANCE OWING<br>\$ |
|   | ADDRESS   | CITY  | STATE ZIP           |
| VEHICLE(S)  | YEAR MAKE MODEL <input type="checkbox"/> FINANCED BY <input type="checkbox"/> LEASED FROM | MONTHLY PAYMENT<br>\$   | BALANCE OWING<br>\$ |
| LIST ALL OTHER CREDITORS (Credit Cards, Finance Companies, Credit Unions, Banks, Stores, etc.)  |   |   |                     |
| TO WHOM OWED  | ACCOUNT NUMBER, BRANCH or ADDRESS   | MONTHLY PAYMENT<br>\$   | BALANCE OWING<br>\$ |
| Is any debt past due? <input type="checkbox"/> YES <input type="checkbox"/> NO Are all debts listed? <input type="checkbox"/> YES <input type="checkbox"/> NO (If you need more space, attach a separate sheet)   |   |   |                     |
| Have you obtained credit under a different name? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, show name(s): _____   |   |   |                     |
| Have you ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where? _____ When? _____  |   |   |                     |

## REFERENCES

|          |                  |         |      |       |     |                  |
|----------|------------------|---------|------|-------|-----|------------------|
| PARENTS  | NAME             | ADDRESS | CITY | STATE | ZIP | TELEPHONE<br>( ) |
| RELATIVE | TELEPHONE<br>( ) |         |      |       |     |                  |
| FRIEND   | TELEPHONE<br>( ) |         |      |       |     |                  |

I certify that the information provided herein is true and complete. You are authorized to check my credit and employment history and to provide information regarding your credit experience with me. Upon approval, I agree to be bound by the agreement for which this application is provided.

Signature of Applicant

Date

Signature of Spouse

Date